software for immediate location of accident sites etc.

The upgradation of infrastructure, increase in existing fleet strength, development of software and adoption of advanced technology to enhance operational effectiveness, preparation of training material and awareness campaign through mass media are some of the new measures envisage to make the servicves more effective.

Deaths due to Cholera and Malaria

237. SHRI BHAGABAN MAJHI: Will the PRIME MINISTER be pleased to state:

(a) the number of death cases reported from different States due to Cholera and malaria;

(b) whether it is a fact that the cases of malaria and cholera are increasing in orissa; and

(c) if so, the steps taken to eradicate malaria and to provide proper health care to the people of orissa, particularly in the tribal areas so that death does not take place due to cholera?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE SHRIMATI RENUKA CHOWDHURY): (a) As per information available, the number of deaths due to Cholera and Malaria in States/U.Ts is as under:

	DEATHS DUE TO			
	CHOLERA		MALARIA	
	YEAR		YEAR	
	1996	1997 (Till Sept.)	1996	1997
States/UTs (including Orissa)	34	07	585	282
Orissa	2	Not Reported	211	134

(b) There is no such indication.

(c) As expert Committee, appointed by the Governemnt or India in 1995, has recommended identificaiton of "High Risk" areas which also includes criteria like deaths due to p. f. malaria, p.f. proportion and chloroquine resistance of p.f.

The following steps are taken for the effective containment of this disease.

— Tribal district of Orissa have been identifed for ehnanced inputs under World Bank Project.

— Spray strategy on the basis of "High Risk" areas identified as per Expert Committee recommendations.

— Identification of chloroquine resistant P.f. areas and change over to second line of treatment in drug resistance are as.

— Modification of Drug Policy for drug resistant P.f. areas per NMEP revised drug policy.

Information regarding steps taken by the State Government for prevention of deaths due to Cholera particularly in Tribal areas is being collected.

Implementation of family planning programme

238. SHRI S. RAMACHANDRAN PILLAI: Will the PRIME MINISTER be pleased to state:

(a) the States which are lagging behind in implementation of Family Planning programme;

(b) the rate of success in implementing family planning in different States; State-wise; and

(c) the steps and further course of action Government are going to take in its proper implementation to achieve the goal?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) The Family Welfare programme being a centrally sponsored one, is voluntary and its acceptance level depends on factors

like effectiveness of State Govt. set up and of NGOs in the area, Socio-Economic conditions, literacy and status of women in the community. The performance is comparatively weak in the States of Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Jammu & Kashmir and in north-Eastern States. A statement giving Statewise Sample Registration System (SRS) estimates of Birth Rate for the years 1994, 1995 and 1996 is given at statement (*See below*).

(c) The Family Welfare Programmes are aimed at controlling the population of the country at a level consistent with the requirement of national development. The use of contraceptives and terminal methods is being promoted with citizens in the reproductive age group for avoiding unwanted pregnancies and facilities for reproductive and child health through the State Health Systems are being provided and improving the reproductive and child health status of mothers/children which would keep the families small in the long run. The Reproductive and Child Health Services are proposed to be substantially improved and strangthened during the 9th Plan and availability of contraceptives will be improved by strengthening arrangements for social marketing of contraceptive. Panchayat Raj Institutions are proposed to be closely associated with the Programme.

Statement

Statewise SRS Estimates of Birth Rate (Per 1000 population) for the years 1994, 1995 and 1996.

	State/Ut	Birth Rate		
		1994	1995	1996 Prov.
	India	28.7	28.3	27.4
	1. Major States			
1	Andhra Pr.	23.8	24.2	22.7
2	Assam	30.8	29.3	27.7
3	Bihar	32.5	32.1	32.1
4	Gujarat	27.1	26.7	25.5
5	Haryana	30.8	29.9	28.8
6	Karnataka	25.0	24.1	23.0
7	Kerala	17.4	18.0	17.8
8	Madhya Pr.	33.0	33.2	32.4
9	Maharashtra	25.1	24.5	23.2
10	Orissa	28.0	27.8	26.8
11	Punjab	25.0	24.6	23.5
12	Rajasthan	33.7	33.3	32.3
13	Tamil Nadu	19.2	20.3	19.2
14	Uttar Pr.	35.4	34.8	34.0
15	West Bengal	25.2	23.6	22.8
II Smaller States				
1	Arunachal Pr.	28.5	23.8	21.9
2	Delhi	24.8	23.3	21.2
3	Goa	14.3	14.7	14.1
4	Himachal Pr.	26.3	25.2	23.0

State/Ut		Birth Rate		
		1994	1995	1996 Prov.
5	J&K	NA	NA	NA
6	Manipur	21.7	20.6	19.4
7	Meghalaya	29.5	29.0	30.4
8	Mizoram	NA	NA	NA
9	Nagaland	20.1	NA	NA
10	Sikkim	24.6	22.5	20.0
11	Tripura	21.9	18.9	18.8
III	*Union Territories*			
1	A&N Islands	18.0	18.7	17.8
2	Chandigarh	19.0	19.5	16.9
3	D&N Haveli	34.4	29.7	28.9
4	Daman & Diu	24.8	21.8	21.0
5	Lakshadweep	26.8	25.5	28.8
6	Pondicherry	19.0	20.1	18.0

Source: Sample Registration System
NA: Not available.

Amount being spent on health care

239. SHRI SHIV CHARAN SINGH: Will the PRIME MINISTER be pleased to state:

(a) what percentage of GDP is being spent on health care in the country at present;

(b) whether Government are considering to increase it in the near future; and

(c) if so, the details thereof, and not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) As per the WHO Regional Health Report 1997, health expenditure as a percentage of Gross Domestic Product (GDP) is 6% (1990) of which 1.3% is from public sector and 4.7% from private sector.

(b) and (c) To augment the resources for the health sector a number of new initiatives have been taken up like availing of external assistance for various disease control programme, renovating and modernising important Central Institutions and organisations and strengthening of selected health systems in the State Govts. As a result of this Rs. 2718.64 crores of external aid would be availed of for disease control programmes for AIDS, Leprosy, T.B., Blindess and Malaria over the project periods. State Governments would receive loan assistance of Rs. 2277.40 crores for the State Health Systems projects.

Greater Autonomy for Jammu and Kashmir

240. SHRI GOVINDRAM MIRI:
SHRI SHIV CHARAN SINGH:

Will the PRIME MINISTER be pleased to state:

(a) whether Government have since received a renewed demand for greater autonomy of Jammu & Kashmir in the light of Autonomy Committee set-up by the present Government;

(b) if so, the details thereof; and

(c) the reaction of Government thereto?

THE MINISTER OF STATE IN THE MINISTRY OF PERSONNEL, PUBLIC GRIEVANCES AND PENSIONS AND THE MINISTER OF STATE IN THE